# CHAPTER 1 ADDENDUM A

## **FIGURES**

FIGURE 1-A-1 RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST, DD FORM 2086

RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST FOR TECHNICAL DATA  Please read instructions on back before completing form.					REPORT CONTROL SI MI OL DDDDDDDDDDDDDDDD		
RED DEST NO MOER DO TO PE OF RED DEST		IN DATE COMPLETERY		DATE COMPLETEDYYY			ſ
	a. DD DD DDD	b. DPPD DD				,	
CLERICAL HO R\$E-9/GS-8 and below)		D D D D D D D D D	D	D D D D D D D DD D		D D D D	
a. D D DD D D		DDD	-	DD D		DDD DDD	
b. D D DD D DD D DD DD DD DD DD			0	0 0000		D	
c. D D D D D PD D DD D D D D D D D D D PD D PDD DD							
d. D D D D DD DD DD DD D							
e. DDD DDD D D D D D D			1	0 0 0 0			
PROFESSIONAL HO! R\$1 -1 - 0 -0 /GS-9 - GS/G1 - 0 0 )		D D D D D D D D D	D	D D D D D D D DD D		D D D D	
a. D D DD D		DDD	-	ACTI AL HOI RLI RATE		DDD DDD	
b. D D DD D DD DD DD DD DD DD			0			D	
c. D D D D DD							
e. DDD DDD D D D DD D D			1	0 0 0 HO0 RL0 RATE			1
	l aholl el	D D DDD D D D D	D	DDDDDDDDD		DDDD	1
a. D D DD D D	1 4000 0)	DDD	<del>                                     </del>	DD D		DDD	I
b. D D D DD D DD DD DD DD DD			n	ACTII AL HOII RLII	0	D	
	c. D D D DDD DD DD DD DDDPPD D D DDD DDDD			RATE	D	-	
e. DDD DDD D D DD D D		-	0 0 0 HO RLO RATE				
COMPUTER SEARCH		D D D D D D D D I	D	D D D D D D D DD D		DDDD	
		DDD	-	DD D		DDD	
a. DDD D DD D D D D D D b. PD D D DDDD D DD PD D DD D D DDD						D	
D D lerical				OR MINIMOM		D	
D Professional			+	ACT: AL OR MINIM: M		D	
REPRODICTION		D D DD D D		D DD D		DDDD	
		DDD		DD D		DDD	
a. DD D DDD PD D D D D D DPD D D D DD DD D		ט ט טט ט ט ט ט טטטןי	ן טוס	0 000 0		D	
b. D D D DD D D DD(ID1 IDD010 /1 )							
D Dperture cards							
DD D ilD er duplicate negatiD eD per card				0 0 0		D	
DD D en keD puncD ed and D erifiedD per card				0 0 0		D	
DD DiaD o duplicate negatiD eD per card				0 0 0		D	
DD D en keD puncD ed and D erifiedD per card				0 0 0		D	
D DD mm roll filmD per frame				0 0 0		D	
D DD mm roll filmD per frame		0 0 0		D			
D Paper prints(en] I neel I nI dl awleak		0000		D			
D Paper reprints of microfilm indicesD eac			0 0 0		D		
c. DD DDD D DD DDD (D 10) 12) 12						D	
d. D D D D D D D D DD DD DD DD D		II ha mada hD gamnanar	ata at tE	o folloD ing ratesD			
D D arges for anD additional serD ices not an D Dinimum cD arge for office cop(0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ii be made bu componer	ils at iL			D	-
D D acD additional image	ou u u u au eu )			0 0 0 0		D	
D D acD additional image  D D acD tD peD ritten page			-	0000		D	
D D ertification and D alidation D itD sealD eacD				0 0 0 0		D	
D D andDdraD n plots and sketcD esD eacD D our or fraction tD ereof			1	0 0 0 0		D	1
2 2 S. ABBARAD II PIOLO AIRA ORGODO DODO GADO DO GAI OF HAGAGOT (D. 01001					all	able o all e	   e  [ e
FOR FOI OFFICE I SE ONLI				5 0 0	Jan 1		1 0
a. D D DD D D D D D D D DDD		f. DD DDD DD DDD DDD DD				1	
b. D D D DD D D D D D PDDD			g. D D D DD D D D D D D D D D D D D D D				1
c. D D PD D D D D PDDD						1	
d. D D DD PDDD		i. D D D D DDD DDDD (0 D0n8) D D D D D D			D.		
							<b>=</b> 17

**DD FORM** 0 0 0 0 0 0 0 0 **L** 0 0 0

#### FIGURE 1-A-1 RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST, DD FORM 2086

#### **INSTRUCTION FOR COMPLETING DD FORM 2086-1**

This form is used to record costs associated with the processing of a Freedom of Information request for technical data.

- REQUEST NUMBER First two digits will express Calendar Year followed by dash (-) and Component's request number, i.e., 87-001.
- 2. TYPE OF REQUEST Mark the appropriate block to indicate initial request or appeal of a denial.
- DATE COMPLETED Enter year, month and a day, i.e., 19970621.
- 4. CLERICAL HOURS For each applicable activity category, enter time expended to the nearest 15 minutes in the total hours column. The activity categories are:

**Search -** Time spent in locating from the files the requested information.

**Review/Excising -** Time spent reviewing the document content and determining if the entire document must retain its classification or segments could be excised thereby permitting the remainder of the document to be declassified. In reviews for other than classification, FOI exemptions 2 through 9 should be considered.

**Correspondence and Forms Preparation -** Time spend in preparing the necessary correspondence and forms to answer the request.

**Other Activity -** Time spend in activity other than above, such as duplicating documents, hand carrying documents to other locations, restoring files, etc.

- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each category. Both search and review costs are chargeable to the requester.
- PROFESSIONAL HOURS For each applicable activity category, enter time expended to the nearest 15 minutes in the total hours column. The activity categories are:

**Search/Review/Excising, and Other Activity -** See explanation above.

**Coordination/Approval/Denial** - Time spent coordinating the staff action with interested offices or agencies and obtaining the approval for the release or denial of the requested information.

- Multiply the time in the total hours column of each category by the hourly rate and enter the cost figures for each category. Both search and review costs are chargeable to the requester.

6. EXECUTIVE HOURS - For each applicable activity category, enter the time expended to the nearest 15 minutes in the total hours column. The activity categories are:

Search/Review/Excising - See explanation above.

Coordination/Approval/Denial - See explanation above.

- Multiply the time in the total hours column in each category by the hourly rate and enter the cost figures for each category. Review costs are chargeable to the requester.
- 7. COMPUTER SEARCH When the amount of government-owned (not leased) computer processing machine time is know, and accurate cost information for operation on an hourly basis is available, enter the time used and the hourly rate. Then, calculate the total cost which is fully chargeable to the requester.
- Programmer and operator costs are calculated using the same method as in Items 4 and 5. This cost is also fully chargeable to requesters as computer search time.
- 8. REPRODUCTION Enter the number of pages or items reproduced.
- Multiply by the rate per copy and enter cost figures. The entire cost is chargeable to the requester. Reproduction cost for audiovisual material is the actual cost of reproducing the material, including the wage of the person doing the work.
- 9. FOR FOI OFFICE USE ONLY -

**Search Fees Paid -** Enter total search fees paid by the requester

**Review Fees Paid -** Enter total review fees paid by the requester.

Copy Fees Paid - Enter total of copy fees paid by the requester

**Total Paid -** Add search fees paid and copy fees paid. Enter total in the total paid block.

**Date Paid -** Enter year, month, and ay, i.e., 19971024, the fee payment was received.

**Total Collectable Costs** - Add the blocks in the cost column marked with an asterisk and enter total in the total collectable cost block. Only search, reproduction and printed records are chargeable to the requester. Further discussion of collectable costs is contained in Chapter VI, Section 3, DoD Regulation 5400.7-R.

**Total Processing Costs -** Add all blocks in the cost column and enter total in the total processing cost block. The total processing cost in most cases will exceed the total collectable cost.

**Total Charged -** Enter the total amount that the requester was charged, taking into account the fee waiver threshold and fee waiver policy.

Fees Waived/Reduced - Indicate if the cost of processing the request was waived or reduced by placing an "X" in the "YES" block or an "X" in the "NO" block.

FIGURE 1-A-1 RECORD OF FREEDOM OF INFORMATION (FOI) PROCESSING COST, DD FORM 2086 DD FORM 2086-1 (BACK), JUL 1997

### FIGURE 1-A-2 FORM TO BE USED BY CONTRACTOR TO OBTAIN INFORMATION

to my medical treatment and, if necessary, be required for adjudication of my claim for	•
 Date	Signature of person giving consent
FIGURE 1-A-3 AUTHORIZATION TO DISCLO	DSE INFORMATION
I, (Name of Person Giving Consent), h (TMA) to release to (Name of Party Inform Disclosed) information related to my mediany medical records which may be required	RACTORS TO DISCLOSE INFORMATION) nereby authorize TRICARE Management Activity mation Related to Whom Information is to be lical treatment and, if necessary, photocopies of ed for adjudication of my claim for TRICARE from the date shown below; his authorization at anytime.
 Date	Signature of person giving consent